



# APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)  
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY  
CODE SERVICES SECTION  
302 West Washington Street, Room W246  
Indianapolis, IN 46204-2739  
[http://www.in.gov/dhs/fire/fp\\_bs\\_comm\\_code/](http://www.in.gov/dhs/fire/fp_bs_comm_code/)



**INSTRUCTIONS:** Please refer to the attached four (4) page instructions.  
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

## 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of applicant	Title
Jeff Williams	Vice President
Name of organization	Telephone number
Major Hospital	(317) 421-5708
Address (number and street, city, state, and ZIP code)	
150 West Washington Street, Shelbyville, IN 46176	

## 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant	Title
Christina M. Colleser	Principal
Name of organization	Telephone number
RTM Consultants, Inc.	(317) 329-7700
Address (number and street, city, state, and ZIP code)	
6640 Parkdale Place, Suite J, Indianapolis, IN 46254	

## 3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Robert Wayne Snyder	AR00870101
Name of organization	Telephone number
BSA LifeStructures	(317) 819-7878
Address (number and street, city, state, and ZIP code)	
9365 Counselors Row, Indianapolis, IN 46240	

## 4. PROJECT IDENTIFICATION

Name of project	State project number	County
Major Hospital	373653	Shelby
Address of site (number and street, city, state, and ZIP code)		
2451 Intelliplex Drive, IN 46176		

Type of project

☒ New ☐ Addition ☐ Alteration ☐ Change of occupancy ☐ Existing

## 5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- ☒ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ☒ Written documentation showing that the local fire official has received a copy of the variance application.
- ☒ Written documentation showing that the local building official has received a copy of the variance application.

## 6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?

☐ Yes (If yes, attach a copy of the Correction Order.) ☒ No

Has a violation been issued?

☐ Yes (If yes, attach a copy of the Violation and answer the following.) ☒ No

Violation issued by:

☐ Local Building Department ☐ State Fire and Building Code Enforcement Section ☐ Local Fire Department

## 7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2008 Indiana Building Code

Specific code section

1509.2

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)

Penthouse will exceed 1/3 the area of the third floor roof.

## 8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

The third floor is a smaller footprint of a two story tower that sits on the significantly larger first floor roof. The larger size of the penthouse is required to house the equipment required for a hospital.

The penthouse is rated construction and two separate exits are provided from the roof.

## 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

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- ☒ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- ☐ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

Penthouse designation is required to permit non rated openings through the roof to the penthouse.

## 10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

Please print name

Christina M. Collester

Date of signature (month, day, year)

Signature of design professional (if applicable)

Please print name

Robert Wayne Snyder

Date of signature (month, day, year)

## 11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

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Signature of applicant

Please print name

Jeff Williams

Date of signature (month, day, year)



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Jeff Williams

Title

Vice President

Name of organization

Major Hospital

Telephone number

(317) 421-5708

Address (number and street, city, state, and ZIP code)

150 West Washington Street, Shelbyville, IN 46176

## 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant

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Principal

Name of organization

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Name of design professional

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License number

AR00870101

Name of organization

BSA LifeStructures

Telephone number

(317) 819-7878

Address (number and street, city, state, and ZIP code)

9365 Counselors Row, Indianapolis, IN 46240

## 4. PROJECT IDENTIFICATION

Name of project

Major Hospital

State project number

373653

County

Shelby

Address of site (number and street, city, state, and ZIP code)

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Type of project

☒ New ☐ Addition ☐ Alteration ☐ Change of occupancy ☐ Existing

## 5. REQUIRED ADDITIONAL INFORMATION

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☐ Yes (If yes, attach a copy of the Correction Order.) ☒ No

Has a violation been issued?

☐ Yes (If yes, attach a copy of the Violation and answer the following.) ☒ No

Violation issued by:

☐ Local Building Department ☐ State Fire and Building Code Enforcement Section ☐ Local Fire Department

# 7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2008 Indiana Building Code

Specific code section

905.4 (2)

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)

Standpipe outlets will not be provided at horizontal exits.

# 8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

The new building is fully sprinklered and standpipe outlets will be located in all stair enclosures.

# 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
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- ☒ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- ☐ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

Two hour walls used as horizontal exits for occupancy separation for licensing rules. The horizontal exits cross multiple corridors requiring an excessive amount of standpipe outlets.

# 10. STATEMENT OF ACCURACY

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Signature of applicant or person submitting application

Please print name

Christina M. Collester

Date of signature (month, day, year)

Signature of design professional (if applicable)

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Robert Wayne Snyder

Date of signature (month, day, year)

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# 7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2008 Indiana Building Code

Specific code section

503.1

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)

The two hour wall separating the existing I-B medical office building from the new I-B hospital will be constructed as a fire barrier in accordance with Section 706

# 8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

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Facts demonstrating that the above selected statement is true:

A two hour fire barrier is permitted by NFPA 101, The Life Safety Code. The hospital is required to comply with the entire Life Safety Code as required by Federal Licensing Rules.

The new and existing buildings are fully sprinklered.

# 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

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Facts demonstrating that the above selected statement is true:

Providing a separate structurally independent fire wall at the existing building separation would be costly and difficult to construct. Compliance with the full life safety code demonstrates equivalent safety through compliance with a nationally recognized code.

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Date of signature (month, day, year)

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# 7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2008 Indiana Building Code

Specific code section

1020.1.1

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)

Penthouse discharges directly into the stair 4 enclosure.

# 8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

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Facts demonstrating that the above selected statement is true:

The penthouse is fully sprinklered and separated from the stair by two-hour construction.

# 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

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Facts demonstrating that the above selected statement is true:

The stair is required to serve as egress from the penthouse and is located beneath the foot print of the penthouse.

# 10. STATEMENT OF ACCURACY

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Signature of applicant or person submitting application

Please print name

Christina M. Collester

Date of signature (month, day, year)

Signature of design professional (if applicable)

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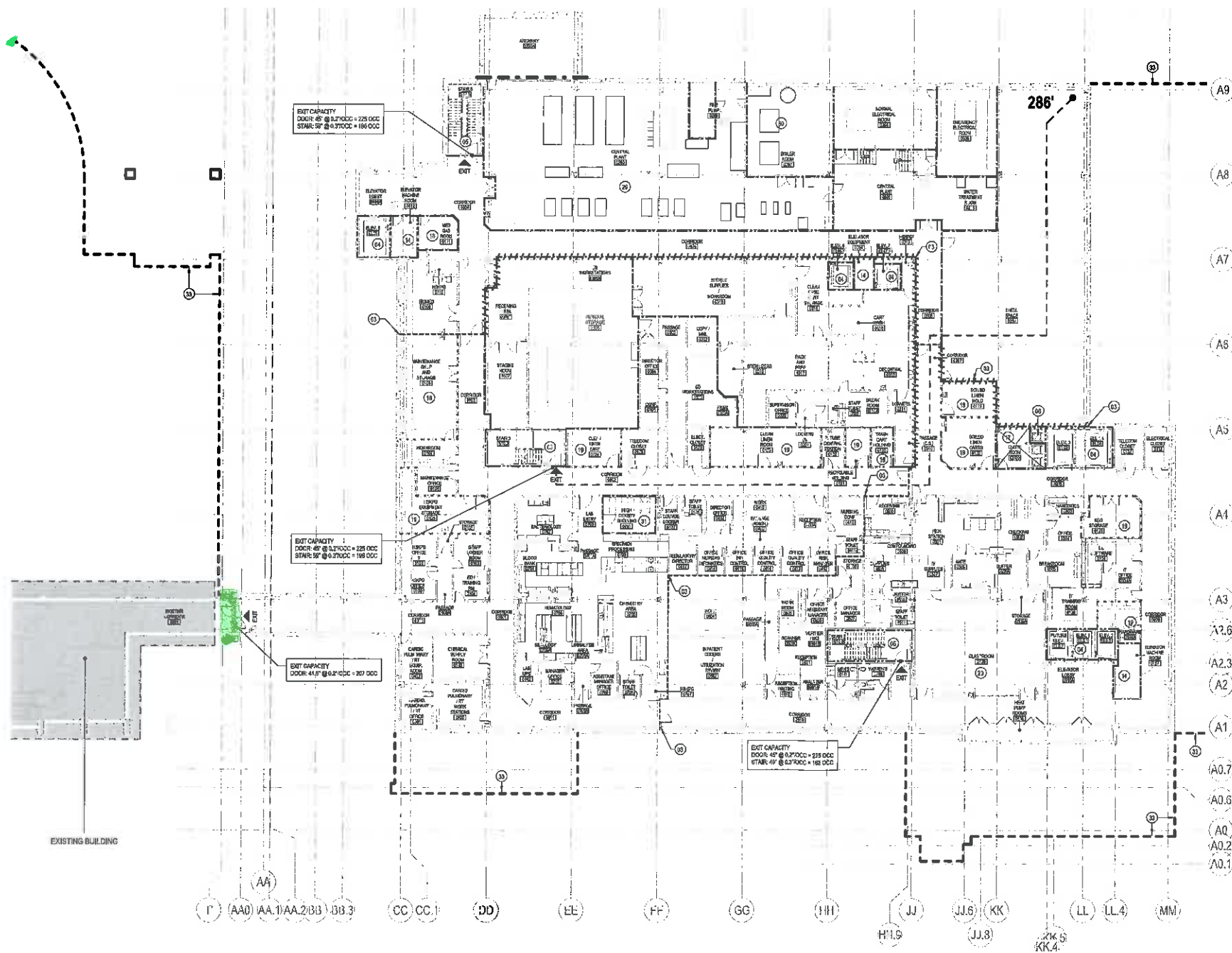
Signature of applicant




Please print name

Jeff Williams

Date of signature (month, day, year)





 <p><b>BSA</b> <i>Life Structures.</i></p> <p>9355 Counselors Row Indianapolis, IN 46240-1478</p> <p>ph 317.819.7878    fx 317.819.7288 www.bsallifestructures.com</p>																	
<h1 style="margin: 0;">MAJOR HOSPITAL</h1> <p style="font-weight: bold; margin: 0;">A MAJOR HEALTH PARTNER</p>																	
<h2 style="margin: 0;">REPLACEMENT HOSPITAL</h2>																	
<h3 style="margin: 0;">SHELBYVILLE, INDIANA</h3>																	
<h4 style="margin: 0;">CONSTRUCTION DOCUMENTS</h4>																	
																	
<b>KEYPLAN</b> PLAN NORTH																	
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<h2 style="margin: 0;">LOWER LEVEL LIFE SAFETY PLAN</h2>																	
<table style="width: 100%;"> <tr> <td>PROJECT NO.</td> <td>01280087</td> <td>CLIENT NO.</td> </tr> <tr> <td>DATE</td> <td>04 AUGUST 2014</td> <td></td> </tr> <tr> <td>DRAWN BY</td> <td></td> <td></td> </tr> <tr> <td>CHECKED BY</td> <td></td> <td></td> </tr> <tr> <td>APPROVED BY</td> <td></td> <td></td> </tr> </table>			PROJECT NO.	01280087	CLIENT NO.	DATE	04 AUGUST 2014		DRAWN BY			CHECKED BY			APPROVED BY		
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*Life Structures™*  
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Indianapolis, IN 46240-1478  
ph 317.819.7878    fx 317.819.7288  
[www.bsailifestructures.com](http://www.bsailifestructures.com)

**MAJOR<sup>TM</sup>**  
**HOSPITAL**  

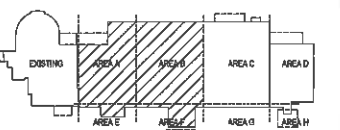
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**A MAJOR HEALTH  
PARTNER**

REPLACEMENT HOSPITAL

SHELBYVILLE, INDIANA

CONSTRUCTION  
DOCUMENTS



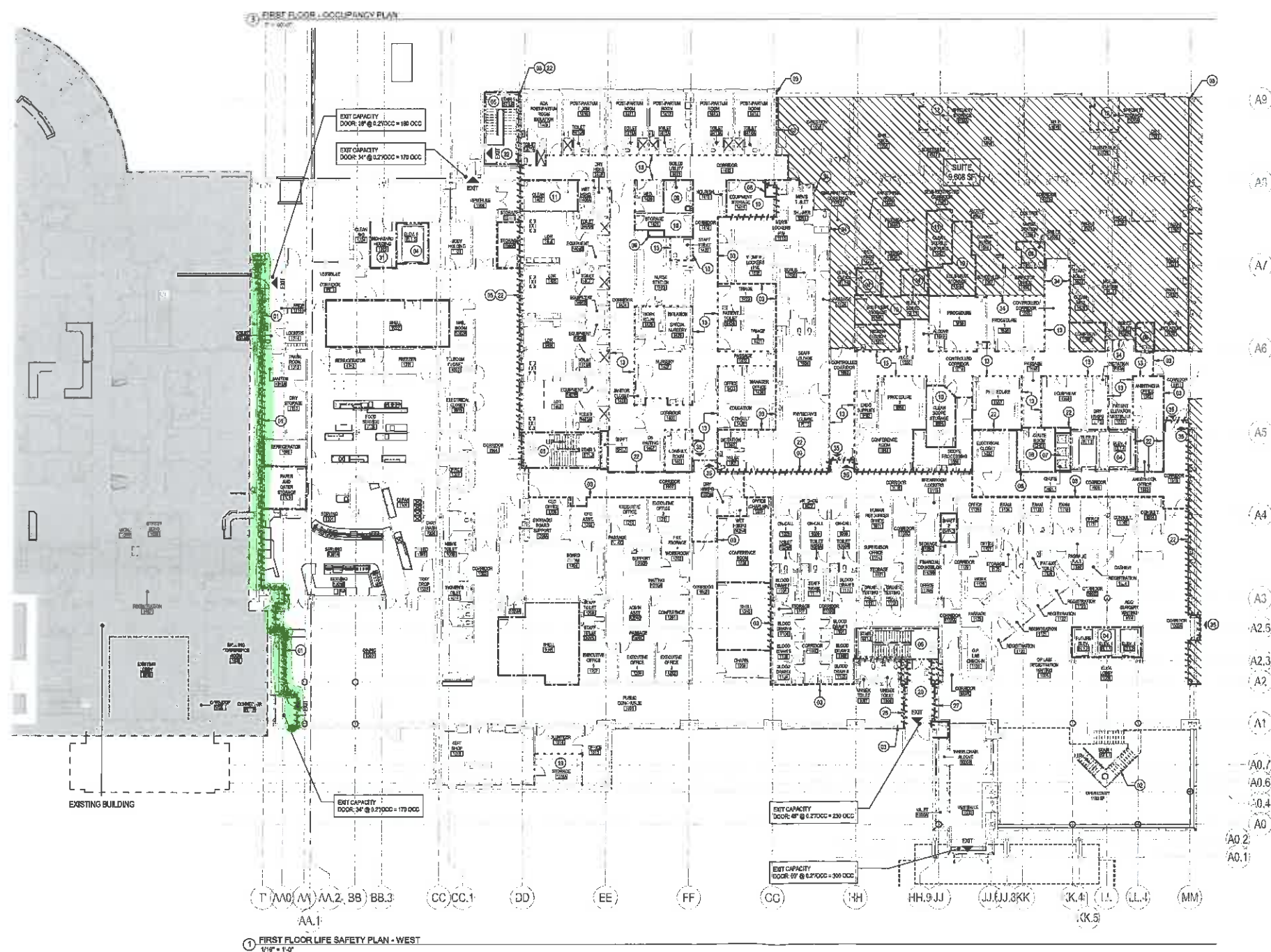
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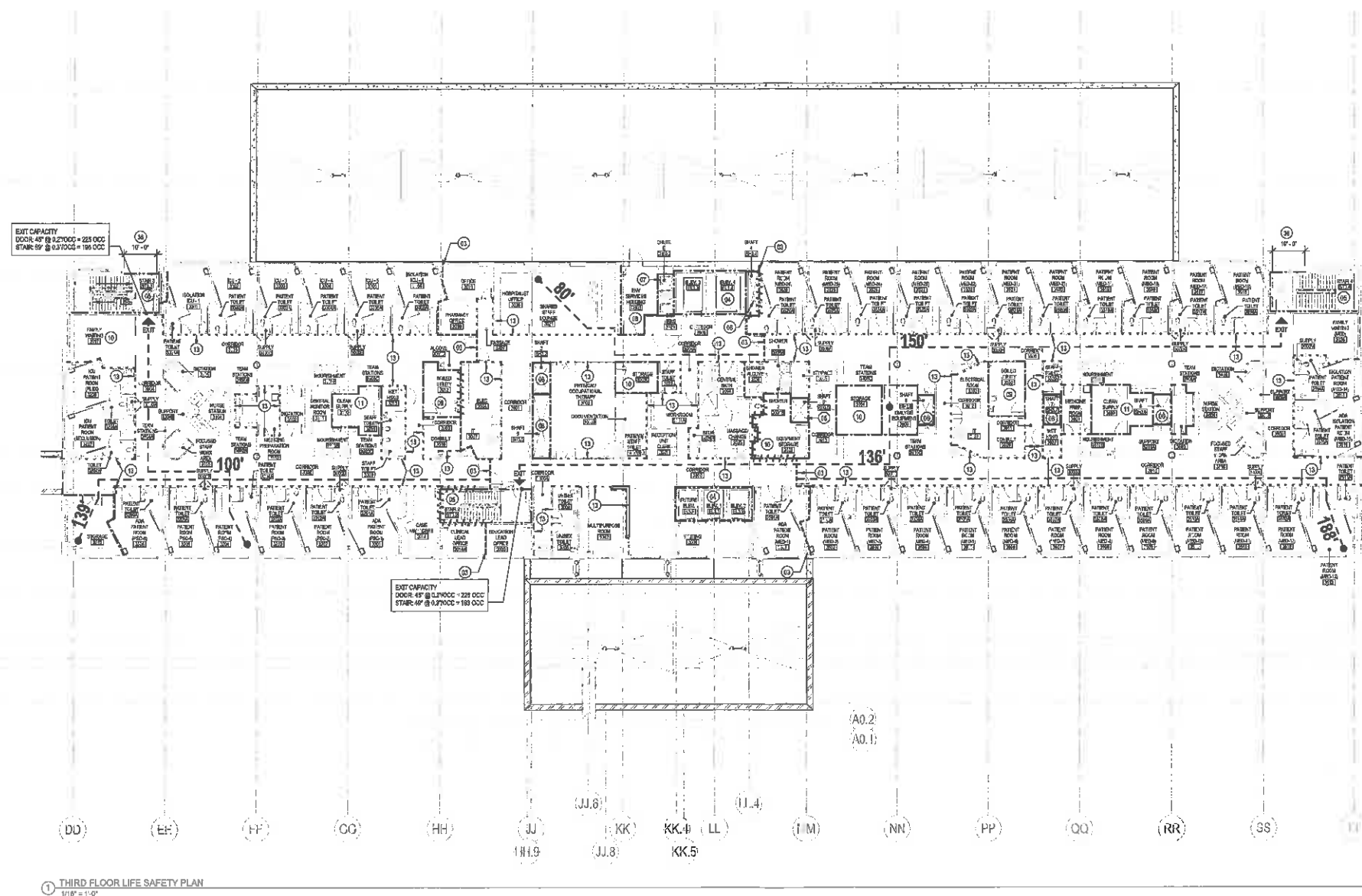
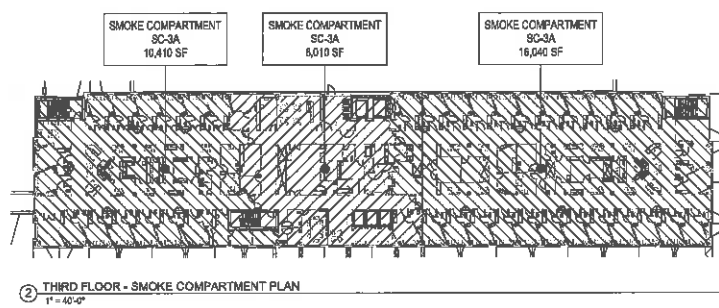
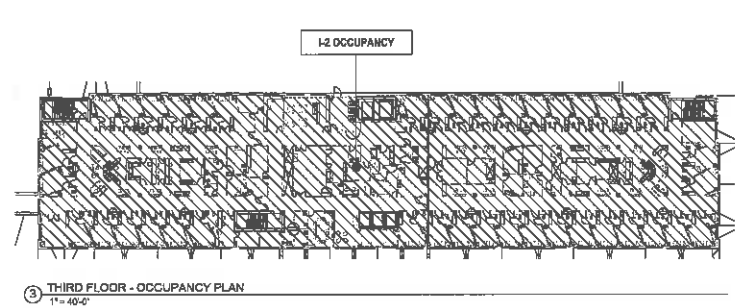


**FIRST FLOOR LIFE  
SAFETY PLAN - WEST**

PROJECT NO. 0126007 CLIENT NO. \_\_\_\_\_  
DATE 04 AUGUST 2014  
COORD \_\_\_\_\_  
DESIGN \_\_\_\_\_  
APPROVED \_\_\_\_\_

A031A





CODE SUMMARY THIRD FLOOR	
THIRD FLOOR:	36,116 GSF
INSTITUTIONAL GROUP H (SLEEPING):	36,116 GSF / (103 SF/OCC) = 351 OCCUPANTS
FLOOR OCCUPANT LOAD TOTAL:	351 OCC.
FLOOR EXIT CAPACITY TOTAL:	595 OCC.
STAIRS:	595 OCC.
DOORS:	595 OCC.

NOTES- LIFE SAFETY PLAN	
1	REFER TO SHEET A001 FOR GENERAL NOTES AND LEGENDS
21	BUILDING SEPARATION: 4-HOUR FIRE BARRIER, SEPARATES EXISTING TYPE I-6B CONSTRUCTION
22	CONFINEMENT STAIR: NOT AN EXIT STAIR
23	SMOKE BARRIER FOR BUILDING SUBDIVISION: 1-HOUR RATED MINIMUM 1-HOUR MAY BE HIGHER RATING IF CONCURRENT WITH OTHER RATED WALLS
24	ELEVATOR HOISTWAY: 2-HOUR SHUTTLE ENCLOSURE
25	EXIT STAIR: 2-HOUR SHUTTLE ENCLOSURE
26	MECHANICAL CHASE: 2-HOUR SHUTTLE ENCLOSURE
27	CHUTE (LINEN, TRASH, RECYCLING) CHASE: 2-HOUR SHUTTLE ENCLOSURE
28	CHUTE ACCESS ROOM: 2-HOUR SEPARATION
29	SCAFFOLDING/UTILITY ROOM: 2-HOUR SEPARATION
30	STORAGE ROOM OVER 100 SF: 1-HOUR SEPARATION
31	CLEAN SUPPLY: 1-HOUR SEPARATION
32	STORAGE ROOM 50 SF TO 100 SF: NON-RATED, RESIST THE PASSAGE OF SMOKE
33	CORRIDOR SEPARATION: NON-RATED SMOKE PARTITION, RESIST THE PASSAGE OF SMOKE
34	ELEVATOR EQUIPMENT ROOM: 2-HOUR SEPARATION
35	BUILDING SEPARATION: NO OPENINGS PERMITTED IN ROOF WITHIN 10 FEET OF AREA SEPARATION WALL BELOW AT FIRST LEVEL
36	LARGE CONFERENCE ROOM: 4-3 OCCUPANCY, NON-SEPARATED USE
37	CHUTE TERMINATION ROOM: 2-HOUR SEPARATION
38	MEDICAL GAS STORAGE ROOM: 2-HOUR SEPARATION
39	HAZARDOUS AREA: NON-RATED, RESIST THE PASSAGE OF SMOKE
40	HORIZONTAL PASSAGEWAY: 2-HOUR SEPARATION
41	HOUSEKEEPING ROOM OVER 100 SF: 1-HOUR SEPARATION
42	OCCUPANCY SEPARATION AND HORIZONTAL EXIT: 2-HOUR SEPARATION
43	LARGE CLASSROOM (OVER 700 S.F.) AS OCCUPANCY, NON-SEPARATED USE, TWO EXITS WITH PANIC HARDWARE REQUIRED
44	CHEMICAL SUPPLY ROOM: 2-HOUR SEPARATION
45	SMOKE COMPARTMENT ON SECOND FLOOR IS PART OF SMOKE COMPARTMENT ON FIRST FLOOR DUE TO OPEN SPACE BETWEEN FLOORS
46	SEMI-ACTIVE ACCORDION FREE WALL/SMOKE BARRIER WITH POWER-ASSISTED EXITS: 2-HOUR RATED
47	SEMI-ACTIVE ACCORDION FIRE WALL WITH POWER-ASSISTED EXITS: 2-HOUR RATED
48	SEMI-ACTIVE ACCORDION SMOKE BARRIER WITH COMPLYING EXITS: 2-HOUR RATED
49	MECHANICAL ROOM: 2-HOUR SEPARATION DUE TO OPEN CHASE AT FIRST FLOOR FOR DOMESTIC WATER HEATER LINES
50	BOILER ROOM: 2-HOUR SEPARATION DUE TO OPEN CHASE AT FIRST FLOOR FOR BOILER FLUES
51	HAZARDOUS AREA: 1-HOUR SEPARATION
52	EXIT FROM CHUTE LEVEL
53	BUILDING LINE ABOVE AT FIRST FLOOR
54	CHUTE SEPARATION: NON-RATED SMOKE PARTITION
55	HORIZONTAL EXIT
56	EXIT STAIR: 2-HOUR RATING EXTENDING 10' FROM CORNER OF SIGNAL
57	EXIT STAIR: EXTERIOR ENCLOSURE WALLS NOT REQUIRED TO BE RATED AT ROOF LEVEL

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**MAJOR HOSPITAL**  
A MAJOR HEALTH PARTNER

REPLACEMENT HOSPITAL

SHELBYVILLE, INDIANA

CONSTRUCTION DOCUMENTS

**KEYPLAN**

MARK DATE DESCRIPTION

THIRD FLOOR LIFE SAFETY PLAN

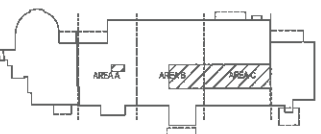
PROJECT NO. 8130887 CLIENT NO.

DATE 04 AUGUST 2014

DESIGNED BY [Signature]

APPROVED BY [Signature]

**A033**



KEYPLAN		
MARK	DATE	DESCRIPTION

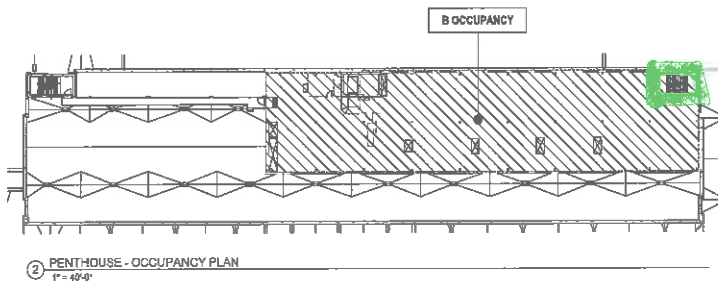


PENTHOUSE LIFE SAFETY  
PLAN

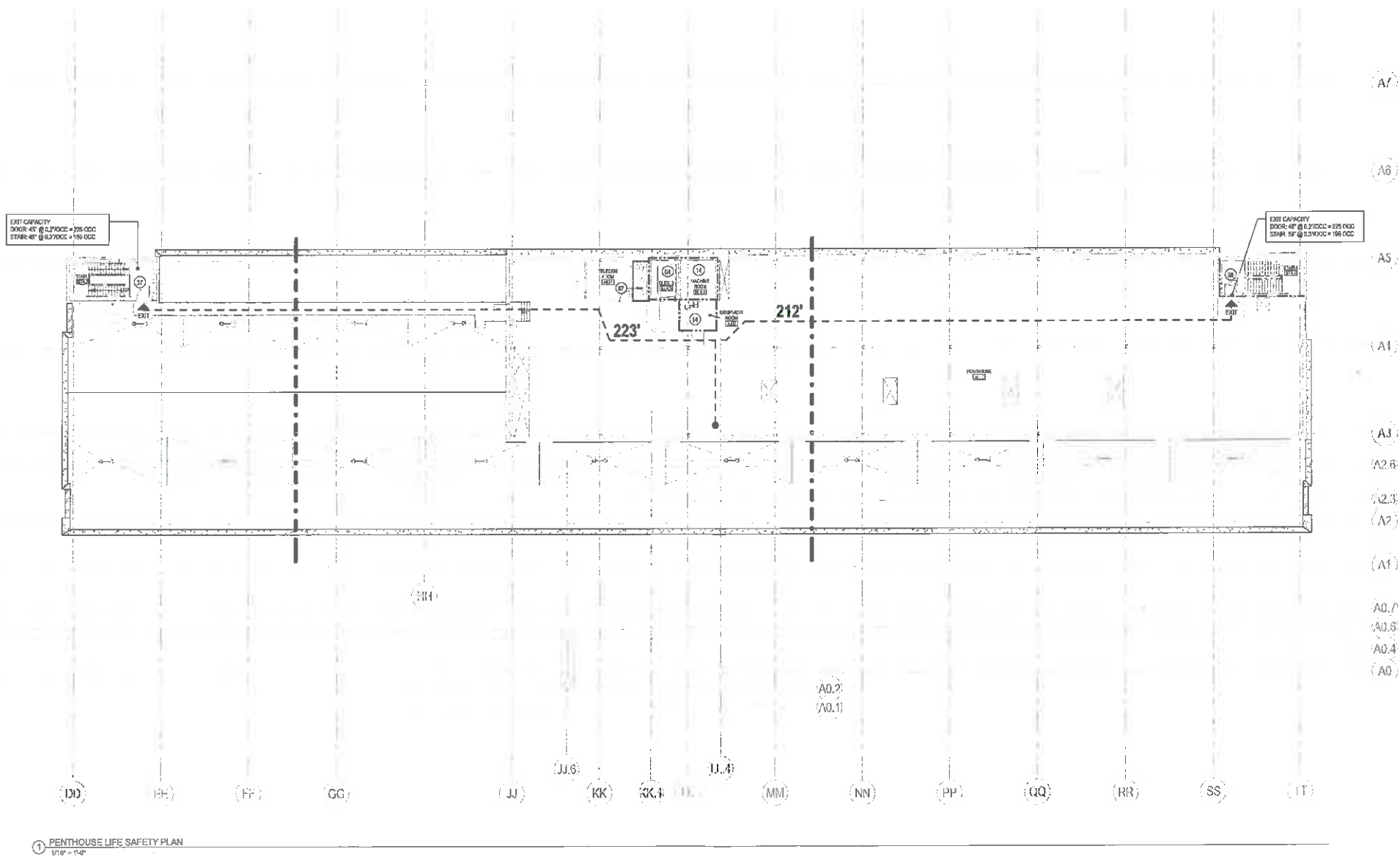
PROJECT NO.	01300187	CLIENT NO.	
DATE	04 AUGUST 2014		

A034

CODE SUMMARY PENTHOUSE	
PENTHOUSE FLOOR:	15 RISE GSF
BUSINESS GROUP B (MECHANICAL):	15 RISE GSF / (200-87000) = 53 OCCUPANTS
FLOOR OCCUPANT LOAD TOTAL:	53 OCC.
FLOOR EXIT CAPACITY TOTAL:	345 OCC.
STAIRS:	490 OCC.
DOORS:	490 OCC.
NOTES- LIFE SAFETY PLAN	
1. REFER TO SHEET A001 FOR GENERAL NOTES AND LEGENDS	
2. BUILDING SEPARATION: 2-HOUR FIRE BARRIER, SEPARATES EXISTING TYPE I-10 CONSTRUCTION	
3. COMMENCEMENT STAIRS: NOT AN EXIT STAIR	
4. SMOKE BARRIER FOR BUILDING SEPARATION: 1-HOUR RATED (MINIMUM 1-HOUR, MAY BE HIGHER RATED IF COMPARTMENT WITH OTHER RATED WALLS)	
5. ELEVATOR HOISTWAY: 2-HOUR SHIELD ENCLOSURE	
6. EXIT STAIRS: 2-HOUR SHIELD ENCLOSURE	
7. MECHANICAL CHASE: 2-HOUR SHIELD ENCLOSURE	
8. CHUTE ALTERNATE: TRASH RECYCLING CHASE: 2-HOUR SHIELD ENCLOSURE	
9. CHUTE ACCESS ROOM: 2-HOUR SEPARATION	
10. STORAGE ROOM OVER 100 SF: 1-HOUR SEPARATION	
11. CLEAN SUPPLY: 1-HOUR SEPARATION	
12. STORING ROOM 50 SF TO 100 SF: NON-RATED, RESIST THE PASSAGE OF SMOKE	
13. CORRIDOR SEPARATION: NON-RATED SMOKE PARTITION, RESIST THE PASSAGE OF SMOKE	
14. ELEVATOR EQUIPMENT ROOM: 2-HOUR SEPARATION	
15. BUILDING SEPARATION: NO OPENINGS PERMITTED IN ROOF WITHIN 10 FEET OF AREA SEPARATION WALL, BELOW AT FIRST LEVEL	
16. LARGE CONFERENCE ROOM: A-3 OCCUPANCY, NON-SEPARATED USE	
17. CHUTE TERMINATION ROOM: 2-HOUR SEPARATION	
18. HAZARDOUS AREA: NON-RATED, RESIST THE PASSAGE OF SMOKE	
19. HORIZONTAL PASSAGEWAY: 2-HOUR SEPARATION	
20. TOILET/KEEPING ROOM OVER 80 SF: 1-HOUR SEPARATION	
21. OCCUPANCY SEPARATION AND HORIZONTAL EXIT: 2-HOUR SEPARATION	
22. LARGE CLASSROOM (OVER 100 SF) AS OCCUPANCY, NON-SEPARATED USE, TWO EXITS WITH HAND HARDWARE REQUIRED	
23. CHEMICAL SUPPLY ROOM: 1-HOUR SEPARATION	
24. SMOKE COMPARTMENT ON SECOND FLOOR IS PART OF SMOKE COMPARTMENT ON FIRST FLOOR DUE TO OPEN SPACE BETWEEN FLOORS	
25. SEE ACTIVE ACCORDION FIRE WALL/SMOKE BARRIER WITH POWER-ASSISTED EXGRESS: 2-HOUR RATED	
26. SEE ACTIVE ACCORDION FIRE WALL WITH POWER-ASSISTED EXGRESS: 2-HOUR RATED	
27. SEE ACTIVE ACCORDION SMOKE BARRIER WITH COMPLYING SMOKE EXGRESS DOOR: 1-HOUR RATED	
28. MECHANICAL ROOM: 2-HOUR SEPARATION DUE TO OPEN CHASE AT FIRST FLOOR FOR DOMESTIC WATER HEATER FLUES	
29. BOILER ROOM: 2-HOUR SEPARATION DUE TO OPEN CHASE AT FIRST FLOOR FOR BOILER FLUES	
30. HAZARDOUS AREA: 1-HOUR SEPARATION	
31. EXIT FROM LOWER LEVEL: EL	
32. BUILDING LINE ABOVE AT FIRST FLOOR	
33. SUITE SEPARATION: NON-RATED SMOKE PARTITION	
34. EXIT STAIR 2-HOUR RATING EXTENDS 10'-0" FROM CORNER OF STAIR	
35. EXIT STAIR EXTERIOR ENCLOSURE WALLS NOT REQUIRED TO BE RATED AT ROOF LEVEL	



2. PENTHOUSE - OCCUPANCY PLAN  
1" = 40'-0"



1. PENTHOUSE LIFE SAFETY PLAN  
1/8" = 1'-0"